

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION

PREAMBLE

- 1. Sections Affected**
R9-22-1412
R9-22-1501
- Rulemaking Action**
Amend
Amend
- 2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: A.R.S. § 36-2903.01
Implementing statute: Laws 2003, Ch. 265, § 13
- 3. The effective date of the rules:**
December 9, 2003
- 4. A list of all previous notices appearing in the Register addressing the exempt rules:**
None
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Barbara Ledder
Address: AHCCCS
Office of Legal Assistance
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4580
Fax: (602) 253-9115
E-mail: proposedrules@ahcccs.state.az.us
- 6. An explanation of the rules, including the agency's reasons for initiating the rules, including the statutory citation to the exemption from the regular rulemaking procedures:**
Laws 2003, Ch. 265, § 54 exempts AHCCCS from the rulemaking requirements of A.R.S. Title 41, Chapter 6, for the purposes of amending rules to determine a person's continued eligibility every six months instead of every 12 months.
- 7. A reference to any study relevant to the rules that the agency reviewed and either relied on in its evaluation of or justification for the rules or did not rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**
AHCCCS did not review any study relevant to these rules.
- 8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
- 9. The summary of the economic, small business, and consumer impact:**
Not applicable

Notices of Exempt Rulemaking

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

11. A summary of the principal comments and the agency response to them:

None

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Were these rules previously adopted as emergency rules?

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ADMINISTRATION**

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

Section

R9-22-1412. Review of Eligibility

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

Section

R9-22-1501. General Information

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

R9-22-1412. Review of Eligibility

A. Except as provided in subsection (B), the Department shall complete a review of each member's continued eligibility for AHCCCS medical coverage at least once every ~~12 months~~;

1. Six months for a member determined eligible under R9-22-1420 and R9-22-1434;

2. Six months for a member determined eligible under R9-22-1421(3), except for a member under subsection (B)(4);

3. Twelve months for a member determined eligible under R9-22-1421(1) and (2), R9-22-1422, R9-22-1425, and R9-22-1426.

B. The Department shall complete a review of eligibility for a:

1. Pregnant woman determined eligible under R9-22-1421(1), following the termination of her pregnancy;

2. Non-pregnant member approved only for emergency medical services at least once in a ~~three-~~ six-month period ~~or following the end of the emergency episode whichever comes first~~;

3. Member approved for the MED program under R9-22-1427 through R9-22-1432 prior to the end of the six-month eligibility period;

4. ~~Any time there is a change in a member's circumstance which may affect eligibility, or~~
Child under R9-22-1421(3) who has not attained 19 years of age and whose family income does not exceed 100 percent of the federal poverty guidelines, every 12 months;

5. Any time there is a change in a member's circumstance which may affect eligibility.

C. No change

D. No change

1. No change

2. No change

3. No change

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

R9-22-1501. General Information

A. No change

1. No change

2. No change

B. No change

Notices of Exempt Rulemaking

- C.** No change
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- D.** No change
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- E.** No change
- F.** No change
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Notices of Exempt Rulemaking

- 6. No change
- H.** Processing of changes and redeterminations. If a ~~person~~ member receives AHCCCS medical coverage under subsection (A), the member's eligibility shall be redetermined at least once every ~~12~~ six months or more frequently when changes occur under 42 CFR 435.916 which may affect eligibility.
- I.** No change
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- J.** No change
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- K.** No change
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- L.** No change
- M.** No change